

# THE SUPERIOR COURT OF COCONINO COUNTY, ARIZONA

## Guardian/Conservator **Cover Sheet**

Please provide the following information. (Type or Print)

CASE NUMBER GC-

<b>PETITIONER'S INFORMATION</b> d.o.b.: _____ Name(s): _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____ SSN: _____	<b>MINOR/WARD INFORMATION</b> Name: _____ Mailing Address: _____ City/State/Zip: _____ Date of Birth: _____ SSN: _____ (List additional on reverse side)
<b>PETITIONER'S ATTORNEY INFORMATION</b> Name: _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____ State Bar No.: _____	<b>FEES</b> <input type="checkbox"/> PAID <input type="checkbox"/> DEFERRED <input type="checkbox"/> WAIVED <input type="checkbox"/> POLITICAL SUBDIVISION/GOVERNMENT AGENCY

TYPE OF ACTION: Place an "X" next to ONE description below which best describes the type of case.

### CONSERVATOR

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person

### GUARDIANSHIP

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person

### GUARDIANSHIP/CONSERVATOR COMBINATION

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person